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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

SB - 1000

First Named Inventor

SANDE BERGER

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROTECTIVE DEVICE AGAINST FRICTIONAL IRRITATION DUE TO
WEARING THONG-TYPE SANDALS AND OTHER FOOTWEAR

(Title of the Invention)

the specification of which



is attached hereto

SMALL ENTITY STATUS IS CLAIMED

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

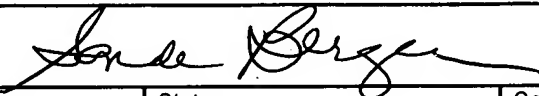
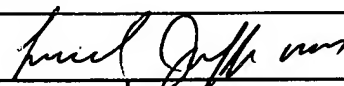
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name WILLIAM R. MORAN, ESQ. REG. NO. 19,555					
Address 333 EAST 43RD STREET SUITE 909					
City NEW YORK		State NEW YORK		ZIP 10017	
Country USA		Telephone 212-986-5801		Fax 212-986-5801	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) SANDE				Family Name or Surname BERGER	
Inventor's Signature 				Date	
Residence: City NEW YORK		State NEW YORK		Country USA	
Citizenship USA					
Mailing Address 255 EAST 49TH STREET APT 18E					
City NEW YORK		State NEW YORK		ZIP 10017	
Country USA					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) LEONARD				Family Name or Surname JAFFE	
Inventor's Signature 				Date 3/3/04	
Residence: City SHORT HILLS		State NEW JERSEY		Country USA	
Citizenship USA					
Mailing Address 100 Idenluck RD					
City SHORT HILLS		State NEW JERSEY		ZIP 07078	
Country USA					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	SANDE BERGER
Title	PROTECTIVE DEVICE ...
Art Unit	
Examiner Name	
Attorney Docket Number	SB - 1000

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
WILLIAM R. MORAN	19,555
333 EAST 43RD STREET SUITE 909	
NEW YORK, NEW YORK 10017	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

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OR

Firm or Individual Name	WILLIAM R. MORAN			
Address	333 EAST 43RD STREET SUITE 909			
Address				
City	NEW YORK	State	N.Y.	Zip
Country	USA			
Telephone	212-986-5801	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	SANDE BERGER		
Signature	<i>Sande Berger</i>		
Date	3-3-04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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Application Number	
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First Named Inventor	SANDE BERGER
Title	PROTECTIVE DEVICE ...
Art Unit	
Examiner Name	
Attorney Docket Number	SB - 1000

I hereby appoint:

☐

Practitioners at Customer Number:

OR

☒

Practitioner(s) named below:

Name	Registration Number
WILLIAM R. MORAN	19,555
333 EAST 43RD STREET SUITE 909	
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name	WILLIAM R. MORAN				
Address	333 EAST 43RD STREET SUITE 909				
Address					
City	NEW YORK	State	N.Y.	Zip	10017
Country	USA				
Telephone	212-986-5801	Fax			

I am the:

☒

Applicant/Inventor.

☐Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	LEONARD JAFFE M.D.		
Signature	<i>Leonard Jaffe</i>		
Date	3/3/04	Telephone	973 379-6051

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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*Total of _____ forms are submitted.

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